

Everything Matters In

Patient Care

*Creating an Inclusive
Environment for Patients
with Disabilities*



Patients in our Cerebral Palsy clinic are just one example of the care we provide to those with diverse abilities.



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Nurturing our Patients and Staff



Lee Ann Wallace
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Senior Vice President,
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For me, the impending fall months feel like times of possibility and potential. This outlook leads me to think of what you make possible at Nationwide Children’s Hospital. You heal, you nurture and you help our patients grow. As an organization, we try to accomplish those same actions by nurturing staff, helping them grow and creating a culture where all people feel valued and welcome. That culture, our One Team culture, is built on the individual strengths and abilities of each member of our One Team. Diversity, equity and inclusion are cornerstone values at Nationwide Children’s. We have a strong track record of promoting inclusion and supporting all employees, the communities we serve and all children and families regardless of who they are, where they’re from or their ability to pay.

To achieve our mission to *Lead the Journey To Best Outcomes for Children*, we seek out the best people to build the best programs. Our vision is an inclusive and diverse culture that fosters mutual respect, where our staff are valued and provided opportunities to achieve their full potential. We recognize an inclusive and diverse culture is grounded in a firm commitment to attract and retain talent, reflective of the communities we serve.

The Institute of Medicine (IOM) Future of Nursing Report emphasized the need to make diversity of the nursing workforce a priority. Additionally, the Health Resources and Services Administration (HRSA), the primary federal agency responsible for improving access to health care services for the uninsured and medically vulnerable, funds grant programs to enhance the understanding of barriers to achieve a diverse health care workforce. We must all embrace and advance this work to eliminate health disparities and achieve health equity!

More than halfway through 2023, our organization is energized and focused on building our workforce across many disciplines. We are partnering with local, regional and state schools to build a talent pipeline for the future, with a focus on increasing the diversity of our team. We are excited to have our health care career students back to in-person, on-site experiences where they can see and experience our culture firsthand.

At Nationwide Children's, not only does everything matter, but everyone matters!

A One Team Approach to Spinal Cord Injury Management

Julie Apthorpe, RN, MSN, CRRN, Program Manager, H09B

Laura Rucki, OTD, OTR/L, CPST, CBIS, Inpatient Physical Therapy





Imagine you are a teenager, we'll call you Taylor, enjoying a warm, sunny day with friends. Life in that moment may seem fun and carefree. However, a car accident on the way home results in a cervical spinal cord injury (SCI), leaving you unable to walk and with a variety of care needs you never anticipated. Your life is not over, but it has changed from what it was before.

When a patient and family first hear the diagnosis of a spinal cord injury, it is often followed by a series of letters and numbers that sound a bit like alphabet soup. A C6 AIS A SCI, what does that mean? Through a standardized classification process, the spinal cord injury is given a name with two parts to classify the spinal level of injury and degree of completeness. First, the neurologic level of injury indicates the lowest segment of cord with intact sensation and the ability to move against gravity. Second, an ASIA Impairment Scale (AIS) score describes a spinal cord injury as complete versus incomplete. The degree of completeness depends on a patient's intact sensation and muscle movement at specific area of the body.

With this classification of C6 AIS A in mind, Taylor would likely have intact facial, neck and shoulder movements and some ability to flex their elbow but not extend it. They may have some wrist function but minimal active finger movement nor movement or feeling below their upper chest. They could have decreased ability to breathe effectively and forcefully cough. Initially, they would likely be reliant on others for care including

turning in bed, eating, getting dressed and getting out of bed to a wheelchair. Their spinal cord injury would also alter their bowel and bladder control, requiring assistance for bowel and bladder elimination.

Place yourself in their shoes - the drastic change in independence and unexpected change in degree of medical care needed can be devastating and overwhelming. As a final stop in hospitalization before going home, Taylor begins their stay in inpatient rehabilitation. While the team is large, it is clear each member plays a unique role in teaching them and supporting their journey home.

At Nationwide Children's Hospital, the aim of our inpatient rehabilitation program is to help patients and families safely transition back into their home, school and community, where recovery will continue. We realize that those we care for have experienced significant changes in their life and it is important to have team-based approach to their care. The most vital members of the rehab team are the **patient and family**. Patients are taught to care for themselves as much as they are able, and we empower them to direct their caregivers to perform tasks that they can't do on their own. We coach family members through hands-on learning in the physical, medical, and emotional care of their child while supporting them in sustaining their role as a parent first.

On the rehabilitation unit, patients receive at least three hours of occupational, physical and/or speech therapy a day in

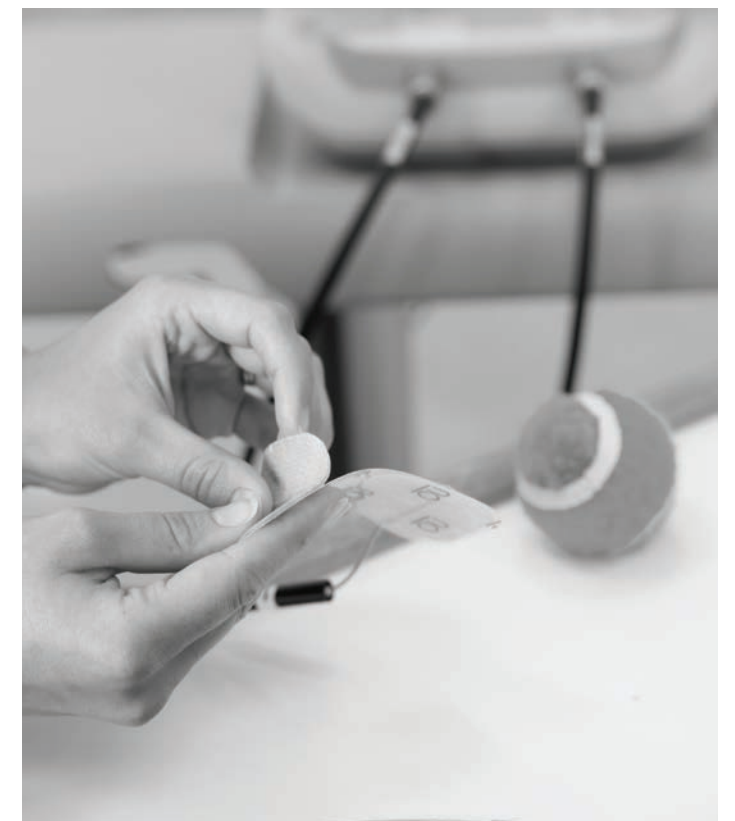
conjunction with additional therapies and services aimed at helping the patient recover. The members of the rehabilitation team work closely to manage each aspect of a child's care. We believe children and adolescents who have experienced some loss in cognitive or physical functions have a greater chance of recovering when they are actively involved in a dynamic and progressive rehabilitation program. For Taylor, the way they must do almost everything will be new, which can be frustrating and frightening, but with the coaching they will be able to explore ways to use their functional abilities.

The rehabilitation team strives to provide holistic, family-centered services while embracing the diverse and individual needs of each child and family. This begins with our physiatrists, or **Physical Medicine and Rehabilitation (PM&R) physicians**, who are trained in caring for patients with physical disabilities or changes in their functional status. They have expertise in medical management of complex diagnoses. For Taylor, this could include management of increased muscle tone and spasticity, neuropathic pain, nutrition needs, and neurogenic bowel and bladder management. The physicians collaborate closely with many

other specialties to manage patient's care for any specialized, ongoing needs. Rehabilitation **Nurses (RN)** provide care throughout the day to meet the medical, physical, and cultural needs of Taylor and their family. The RN incorporates the family into Taylor's care, providing education and practice with supervision to better prepare them for home. The **Patient Care Assistants (PCA)** provide support by incorporating therapy-based skills that Taylor is working on into their care, helping them to achieve their goals faster. From the time of admission, the **discharge planner** maintains communication with Taylor and their family, rehab team members, specialty services, and insurance companies and helps coordinate equipment and follow-up services needed upon discharge.

The rehabilitation team considers Taylor's interests, preferred activities and learning style to tailor a treatment plan that is motivating. The **Occupational Therapist (OT)** may provide Taylor with adaptive equipment, such as with a wrist brace with holder for the fork, toothbrush or stylus, so Taylor can focus on using their existing bicep strength to eat, grooming or access a device. In conjunction with nursing, OT may also

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complete pressure mapping and positioning changes to ensure surfaces such as wheelchairs, toileting and bathing equipment provide adequate pressure offloading. In **Physical Therapy (PT)**, Taylor and their family will receive guidance on strategies to assist with mobility in bed and transfers out of bed to a wheelchair. There is a focus on body mechanics, endurance and strengthening of the muscles that are still innervated while continuing to build comfort and independence with their “new” body. Taylor may also be seen by the **Speech Language Pathologist (SLP)** to assess safe eating and swallowing skills as well as be coached in breath support, tolerating speaking devices and assess for adaptive communication devices.

Getting Taylor back to school and into their community is a large focus of our program. The collaboration to support Taylor’s reintegration back into the school setting is key. Our **schoolteacher** works alongside the family, team and home school facilitating communication and providing recommendations as reintegration is discussed. We provide assessment by our **neuropsychologists**, as needed, to identify recommendations for additional support in the academic setting. With the **Recreation Therapist (TR)**, Taylor explores leisure activities used to improve or maintain physical, mental, and emotional health. TR may provide information about adaptive activities and sports to meet Taylor’s interest as well as connect Taylor and their family to resources in their community. TR may incorporate **Animal Assisted Therapy (AAT)**, utilizing a specially trained facility dog to work on rehab-related goals that may not be achievable through human intervention alone. The **Massage Therapist (MT)** provides Taylor with various techniques to enhance relaxation, relieve muscle tension, increase circulation and flexibility. These interventions often help reduce anxiety, enhance self-esteem, and assist in pain management for improved patient function. **Music Therapy** can work with Taylor using music to target

the motor, sensory, emotional and social needs to support their rehab goals.

The psychosocial team communicates information that is pertinent to supporting Taylor and their family to other members of the care team. **Psychologists** will assist Taylor and family in adapting to functional life changes. A **Child Life Specialist (CCLS)** utilizes specialized training to help Taylor cope and adjust to health care experiences. They may also work with Taylor’s siblings and peers to help them better understand the injury or diagnosis. The **Social Worker (SW)** will advocate for Taylor and their family as well as evaluate how the injury and hospitalization has affected family life. They provide support and assistance with resources in the community when necessary. There is also a focus on preparing patients for socialization outside of the hospital. To help, our team offers peer mentorship opportunities for Taylor and their family from past patients with a similar diagnosis. Group activities are also used to encourage socialization and peer interaction between patients on the unit.

After four to eight weeks on rehab, it will be time for Taylor to go home. The team celebrates this monumental landmark with a graduation send-off, highlighting the hard work put forth by Taylor and their family. Their hospital stay may be over but there are still needs that require management across their life span. Taylor will continue outpatient therapies to support strengthening and functional skills that promote further independence. When Taylor is ready, there are opportunities to explore activities including adapted sports such as wheelchair rugby, seated boccia, adapted skiing and more. Pursuing driving with adapted hand controls, traveling on an airplane, attending vocational rehabilitation or higher education are just a few opportunities available in the future. While life with a spinal cord injury may look different than what Taylor imagined, the opportunities are still there to live a fulfilling and active life!

Comprehensive Pain Management for Limb-Lengthening Surgeries

Jessica Hoehn, PhD, Licensed Pediatric Psychologist, Department of Psychology/Neuropsychology
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For patients with limb deformities, limb lengthening surgeries offered through Nationwide Children’s Hospital provide children the ability to correct their deformities and improve pain, physical appearance and quality of life. While limb lengthening can certainly sound like a daunting procedure, the Center for Limb Lengthening and Reconstruction (CLLR) incorporates a comprehensive approach to patient care by collaborating with different specialties to make the process as smooth and comfortable as possible – this includes working closely with the Acute Pain Service and Pain Psychology to optimize pain management after surgery.

The use of peripheral nerve catheters (PNCs) and pain education are key components of post-operative pain control after limb-lengthening surgeries at Nationwide Children’s. The Acute Pain Service (Pain Team) is a team of anesthesiologists and nurse practitioners who oversee the management of PNCs, a technology used to deliver a continuous infusion of local anesthetic around a nerve that innervates the area of surgery on the limb. By providing medication directly to the affected area, PNCs can provide pain relief without impacting motor function. During surgery, anesthesiologists utilize ultrasound to place one or two PNCs, and when in place, patients can participate in physical therapy prior to being discharged home. Patients are sent home with their PNCs in place for up to five days after surgery, and families often remark on how satisfied they are with the pain control provided. In addition, the utilization of PNCs significantly reduces opioid requirements after limb-lengthening surgeries.

As part of the standard of care in the CLLR, a pediatric psychologist meets with all patients and families prior to surgery to provide pain education. The psychologist emphasizes nonpharmacological strategies used to assist and augment pharmacological pain management. The psychologist also assesses for factors that can sometimes exacerbate pain after a surgery, including anxiety, depression, sleep problems, history of prior pain concerns and previous traumatic experiences with surgery/hospitalization. Psychology then briefly provides education on how pain works in the brain, and how certain factors (such as stress level, attention, expectations, inactivity, etc.) can make pain better or worse. The psychologist reviews the connection between stress and pain, and demonstrates strategies for reducing physiological stress (e.g., belly breathing/paced breathing, muscle relaxation, mindfulness, etc.). They also emphasize the benefits of other nonpharmacological pain coping skills, including distraction strategies, positive self-talk, elevation and icing. Lastly, the psychologist meets with patients in the hospital and follows up with the patient in clinic during their scheduled post-operative visits. This service helps reduce stress related to the limb-lengthening surgical experience and provides patients with alternative methods for pain management in addition to pharmacological agents.

Together, the Center for Limb Lengthening and Reconstruction, Acute Pain Service and Pain Psychology act as One Team to provide optimal pain management and care for patients undergoing limb-lengthening surgeries.



Innovations in Orthopedic Care at the Center for Limb Lengthening and Reconstruction

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What if you were born with one leg shorter than the other and needed to wear a shoe lift? What if you had leg bowing or knock knees that made it difficult for you to run and play? What if you broke a bone and it didn't heal properly? Now, what if you learned about surgical options to correct these issues? Patients of the Center for Limb Lengthening and Reconstruction (CCLR) at Nationwide Children's Hospital experience this type of life-changing transformation every day.

The Center for Limb Lengthening and Reconstruction is a multidisciplinary specialty center within the Department of Orthopedic Surgery at Nationwide Children's. Under the direction of Christopher Iobst, MD, the center focuses on the management of limb length discrepancies and limb deformities in children and adults. Along with Dr. Iobst, the team includes a pediatric nurse practitioner and a registered nurse dedicated to the care of these patients and families. Each clinic has two physical therapists who provide patients with specialized therapies at each visit. A pediatric psychologist assists patients with issues that may arise before and after surgery, including anxiety/fears, pain management, school concerns, sleep problems and coping with changes in routine. An administrative assistant, social worker and child life specialist help ensure that each patient's unique needs are met. In the future, the center hopes to add a dedicated clinical dietician to focus on bone health and healing for all our patients.

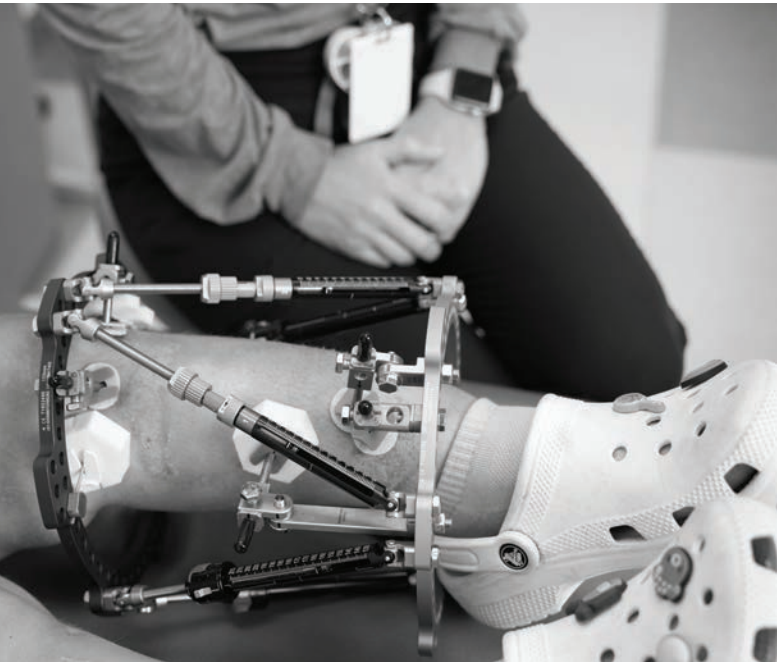
As its name implies, there are two primary patient populations managed by the CCLR: patients with one limb longer than the other (limb lengthening) and patients with a limb deformity requiring realignment (reconstruction), although it is common for patients to present with a combination of both issues simultaneously. While deformity or leg length discrepancies usually involve the lower extremities, the center also treats patients with upper extremity, hand, foot or joint concerns. In some instances, these conditions are present and noticeable at birth, but for many other patients, these issues develop later in life as the result of injury or infection. Although it may be surprising, limb lengthening of two extremities can be performed simultaneously for patients requiring increased height. The center evaluates patients of any age with limb abnormalities and, in many cases, adult patients can have their surgery and receive comprehensive care by our team at Nationwide Children's.

In addition to nearly eliminating the need for opioids in our patients, the center has also worked on improving the patient experience during clinic visits. One strategy is the use of virtual reality headsets during physical therapy and routine dressing changes after surgery.



The CCLR is innovative. The team is always looking for new ways to improve patient care and outcomes. For example, improving pain control in our post-operative patients is a major initiative at the center. In collaboration with the Acute and Regional Pain Service at Nationwide Children's, we employ peripheral nerve catheters to assist in the management of post-operative pain. Peripheral nerve catheters work by delivering pain medication directly to the affected limb, thus greatly reducing surgical patients' need for opioids. For the vast majority of patients, only an overnight stay in the hospital is necessary after surgery due in large part to the comfort provided by the nerve catheters.

In addition to nearly eliminating the need for opioids in our patients, the center has also worked on improving the patient experience during clinic visits. One strategy is the use of virtual reality headsets during physical therapy and routine dressing changes after surgery. The distraction provided by these popular headsets enable our providers to conduct treatments better and more efficiently. These two examples are just a few of the ways that the Center works to provide ground-breaking and exceptional care for our patients.



With more than 60 publications in the first five years of its existence as well as national and international award-winning research, the center has demonstrated its commitment to exploring new and innovative ways to improve the patient limb reconstruction experience. In just five short years, the center has become one of the premier limb lengthening and reconstruction leaders in the world. Over the next five years, we plan to expand our clinical and academic activities and continue the search for the safest and most reliable outcomes possible for our patients.



Nurse-Driven Clinical Inquiry

Cathleen Opperman, DNP, RN, NPD-BC, EBP-C, NEA-BC, CPN, EBP Nurse Specialist, The Center For Nursing Excellence

Clinical Inquiry is the overarching term used to describe quality improvement (QI), evidence-based practice (EBP), research and innovation. Nurses are involved in all forms of clinical inquiry, however few of these practice changes are driven by nurse-led teams. This article focuses on nurse driven evidence-based practice initiatives: definition, recent examples, resources available and who should contact the team. EBP is a systematic exploration of the most relevant research (external evidence) and organizational outcomes (internal evidence) to answer a burning practice question. The EBP process requires using this evidence in combination with the organizational knowledge/clinical expertise of the team AND the patient preferences and values to decide a course of action. This means that an EBP initiative is more than simply finding a few articles that support a change, it is a detailed implementation process which:

1. Considers organization timing, resources and training
2. Measures the impact of the practice change
3. Provides a sustainability plan

Numerous resources are available to facilitate more nurse driven EBP changes. Consultation with the EBP nurse specialist, learning modules, library support and infrastructure like job descriptions, policy and procedures and a clearinghouse for all nurse-driven initiatives are some of the resources available at Nationwide Children’s Hospital. Whether you are a nurse passionate about wanting to improve practice or a graduate student completing a requirement, every nurse leading a practice change based on evidence should have a consultation with the EBP nurse specialist.

| THIS CONSULTATION WILL: | |
|---|--|
| 1) Clarify your question and literature searching techniques | 4) Determine measurement of outcomes and associated data |
| 2) Connect you to key stakeholders to remove barriers | 5) Help guide the management of the practice change |
| 3) Work through the “Determination of Human Subjects Research form” for the Institutional Review Board (IRB) with you | 6) Help with disseminating the change internally and externally through publication, podium and poster presentations |

Using an EBP consultant model helps facilitate individuals or teams inexperienced with the steps of EBP by having someone to coach them through the process. If your team is interested in exploring the concept of clinical inquiry, numerous modules are currently available and being developed to offer the initial education on topics. For example, “What is Clinical Inquiry?” is a module comparing QI, EBP, research and innovation. It is available in The Learning Center. The Nationwide Children’s Hospital Library resources are invaluable to the success of embedding EBP in all aspects of our work. The extensive collection of journals we have access to, the experience of our medical librarians in searching topics and the ease of access to search engines on the Library ANCHOR page have evolved, simplifying the process for the clinician.

| RECENT EBP PROJECTS AT NATIONWIDE CHILDREN'S HOSPITAL | | |
|---|--|---|
| CLINICAL INQUIRY | INTERVENTION | NURSE |
| Reduce time to D/C for children with head lacerations | Change communication pattern for triage team and providers | Scott Oman |
| Increase lipid screening during well child visits | Staff education, patient teaching tool and provider reminders | Lindsay Shaw |
| Reduce frequency of routine vital signs over night | Employee education regarding criteria for “VS while awake” orders | Karmyn Schneider |
| Find ways to keep bedside nurses engaged and involved by integrating support of nurse driven clinical inquiry | Develop an interactive module on clinical inquiry | Rebecca Conatser |
| Streamline surgeon, APRN and nursing communication to reduce LOS and increase staff satisfaction | Interprofessional handoff sheet in EHR to include a dotphrase to limit frequency of contacts for clarifications | Jennifer Weiner |
| Increase knowledge and comfort levels of nurses working with patients having seizures | Neurology team complete a series of self-paced modules and a multi-disciplinary simulation with Epilepsy Monitoring Unit training team | Shivani Bhatnagar Allison Nelsen |
| Increase teamwork, address staffing challenges post-pandemic | Implement TeamSTEPPS to improve teamwork and communication | Ashley Humphrey |
| Incivility (knowledge of behaviors, recognition when it occurs, mechanisms to address) | Interactive module and four-hour workshop | Andrea Manning |
| Disruptions to patients’ sleep due to environment and low team care clustering behaviors | Designated Quiet Times; Rest Warriors; Interactive learning module; Weekly email reminders | Caitlin McGee Nikki Hernandez Cathleen Opperman |
| Support more moms in NICU to provide human milk to their baby | Designated lactation consultant role for rounding and teaching mothers | Leslie Biggers |



Play Ball!

Adaptive *SPORTS* for the Win!

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Cheering fans and screaming athletes are familiar sounds in gymnasiums and fields across the country. From little league baseball to track and field, more than 56% percent of children 6 to 17 years old participated in an organized sport in 2019. As part of the “Healthy People 2030” project, the U.S. Department of Health and Human Services has set a goal to increase access and opportunities so that 63.3% of students are playing by the end of this decade.

There are countless physical, social and emotional benefits of athletic participation and the physical activity reaped by young athletes who are involved in an organized sport. Unfortunately, many students who have the most to gain are among the lowest participants. Children and adolescents with disabilities generally participate in substantially less physical activity than their peers.

While physical activity benefits all children, those with disabilities often have lower levels of cardiovascular fitness and muscular endurance along with higher levels of deconditioning and obesity. Regular physical activity has been shown to help control or slow the progression of chronic diseases, increase physical fitness, decrease body fat, and improve overall health and function in this population. Regular activity is crucial for individuals with physical disabilities to maintain muscle strength and flexibility and can help slow many functional declines associated with disabling conditions.

The benefits of sports participation extend far beyond physical health. Organized sport participation improves individual self-esteem, promotes inclusion and supports relationship development. Lessons learned in athletic participation include teamwork, dedication, time management and sportsmanship. Individuals with physical disabilities involved in sports report higher levels of confidence, independence and quality of life. Within the social circles of adolescence, adaptive sports participation can enhance peer acceptance and support, along with a venue for sharing experiences among friends, family and communities. Research conducted at Nationwide Children’s Hospital and The Ohio State University Adapted Sports Institute demonstrated a positive correlation between life satisfaction and minutes of participation adaptive sports amongst surveyed youth with disabilities; the more they participated the greater their satisfaction.

Each of these lessons and benefits of physical activity have the potential to carry over beyond adolescence into adulthood as well. Individuals involved in adaptive sports maintain higher quality of life, higher employment

rates and better overall emotional health. Perhaps most importantly, participation in regular physical activity at a young age has been shown to increase the likelihood of continued physical activity later in life and contribute to maintaining overall health.

The benefits of physical activity in organized sport are universal for all children, including those with disabilities. Fortunately, opportunities to participate in competitive sports for athletes with physical disabilities have grown rapidly in recent decades. The “Paralympic movement” has taken the world by storm with unprecedented coverage and interest

on the international stage has stimulated the development of para and adaptive sports opportunities at the state level and local communities. Ohio is one of 30 states whose state high school athletic association has dedicated adaptive programming for the last 10 years. In 2019, the Ohio High School Athletic Association opened the doors for students with disabilities to compete in swimming as well. Outside of schools, community organizations such as The Adaptive Sports Connection, Columbus Recreation and Parks Adaptive Sports Club and Ohio Sled Hockey provide a variety of adaptive opportunities of engagement and participation for individuals with physical and cognitive disabilities as well as visual and other sensory impairments.

To increase performance and reduce the risk of injuries, all athletes need to prepare and train for their sport. Athletes with disabilities should follow a program designed especially for them. Nationwide Children’s Adaptive Sports Medicine Program has been developing specialized plans for these athletes since 2018. Although there are countless benefits of physical activity, it is important to understand the potential risks of overuse, pain and injury associated with participation. Due to the functional impairments associated with congenital or acquired neurological/neuromuscular diagnoses, adolescents may be more prone to developing pain from overuse and/or



injury. Depending on the diagnoses, these patients might face a variety of muscular/postural imbalances, mobility issues, altered sensation, poor coordination and gross motor impairments. Sports specific training and rehabilitation are vital components for both prevention and treatment of injury or pain secondary to these types of challenges.

Individuals and athletes who have congenital neurological/neuromuscular diagnoses may be faced with more difficulty with activities of daily living or when starting or returning to physical activity. It can be an especially challenging adjustment to those who have sustained a traumatic or otherwise acquired spinal cord injury, limb loss or brain injury. Depending on the severity, it can be a life-altering process for a significant amount of time as they learn to navigate through life in another way. For example, after a surgical lower extremity amputation, an individual needs to learn how to stand and walk on various surfaces and navigate parks and playgrounds. Based on the location of



the amputation, the individual will need to re-establish gait and postural training, balance and endurance retraining, gross motor and coordination training, prosthetics training and assistance with bracing or other assistive devices. At Nationwide Children's, these types of services are offered through our skilled physical therapists in the Developmental, Adolescent Neurologic and Adaptive Physical Therapy programs.

As an individual continues to adapt to their prosthetic and/or other assistive devices, returning to physical activity or engaging in a new activity might be their next goal. To do this, patients often need guidance and training to begin this transition safely. Adaptive Play Strong is a program at Nationwide Children's designed to help reintroduce physical activity or encourage confidence to try a new skill. This is a unique program targeted for various disabilities managed by licensed athletic trainers with its focus being to change thoughts and attitudes towards physical activity. The program enhances functional movement skills and fitness

measures and improves confidence to engage in a variety of physical activities with friends and peers.

With increases in physical activity, there are higher risks of acute and/or overuse injuries as these individuals adjust to their prosthetics or assistive devices. They need to use new adaptations to be able to return to or to begin a new sport. Depending on the severity of the injury, they may require therapy to improve strength, flexibility, range of motion, balance and coordination when returning to physical activity. Adaptive Functional Rehabilitation is a program managed by licensed athletic trainers at Nationwide Children's and it is tailored for those athletes and patients with adaptive needs when they are returning to activity from an injury. Gait analysis is used to determine biomechanical issues leading to overuse injuries in a patient learning how to run properly with the use of a lower extremity prosthesis or orthotic brace. Based on the findings of the analysis, corrective exercises are provided to help prevent continuation of overuse injuries

As an individual continues to adapt to their prosthetic and/or other assistive devices, returning to physical activity or engaging in a new activity might be their next goal.



in the future. Similar concepts can be applied to an athlete who uses a wheelchair, where an analysis of their wheelchair stroke can be helpful to identify and correct any imbalances that may have contributed to their overuse or injury. This analysis can then determine proper postural changes and movements and corrective exercises to provide a safer active lifestyle for these patients.

Significant improvements in technology and a better awareness and understanding of how to best prepare this unique population of athletes have contributed to new and emerging opportunities. However, the greatest growth in this field has come with a much greater understanding of the benefits of inclusion and participation. Together these concepts have opened a whole new horizon for children with disabilities. "Play Ball" can now be a strategic goal for patients, families and clinicians through successful partnerships with Nationwide Children's Hospital Adaptive Sports Medicine Program.

Celebrating Nurses Throughout the Month

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Nurses Month 2023 was a blanket of recognition, self-care, professional development and community service, with plenty of fun for all who participated in the activities. Historically, Nurses Week was designated as the week of Florence Nightingale's birthday (May 12), however during the pandemic the American Nurses' Association (ANA) called for expansion of celebration for nurses to a month to better capture the impact nurses have on health care.

The Nationwide Childrens Hospital Nurses' Week committee used the ANA themes to plan activities to celebrate nearly 4,300 nurses in inpatient, ambulatory, off-site, leased and traveler roles. The following are highlights of the celebrations organized by theme.

RECOGNITION

On May 5, we kicked off the Nurses' Month celebration with a Fun Day on day and night shifts.

Approximately 500 nurses participated in the Operation Game, Selfie Station, Prize Wheel, Head and Neck Massages, and hotdog/smoothie/popcorn/cookie giveaways. The festival atmosphere was a great break for nurses mid-shift.

Our Chief Nursing Officer (CNO), Lee Ann Wallace, presented stories of initiatives led by nurses in "Lemonade with Lee Ann." She recognized the efforts of many nurses who made a difference for our patients, families, employees and community. Participants left feeling a sense of pride for the work done by nurses at Nationwide Children's and inspired to be a part of projects like these in the future.

The Senior Leader Walk-Abouts were appreciated by all employees who had the opportunity to talk with Tim Robinson, CEO, Lee Ann Wallace or Rustin Morse, MD, CMO. During

eight different dates and times (including evenings), our senior leaders met hundreds of employees while passing out small gifts. After introductions, many said it was so good to meet the leader behind the letters in person or realize that the leader recognized the challenge of the work being done. The leaders enjoyed talking with so many dedicated employees, many of whom shared stories from their daily work.

Additional recognition included lots of treats and prizes! Panera generously provided a gift card to all 4,300 nurses including our travelers and leased nurses. At all events snacks and beverages were provided, along with a chance for a massage from The NOW Boutique, compression socks from Pacas, McDonald's drinks and grab bags of logo goodies. It is heartening to know so many organizations showed support for our nurses.

SELF-CARE

Self-care can come in many forms. Visiting with and cuddling a therapy dog was arranged seven different times through the month with many nurses walking away reporting "I needed that" or "What a fun thing to do in the middle of the day."

Our chaplains provided a small ceremony with a Blessing of the Hands for nurses. Nurses partaking remarked on the feeling of renewal and how they wished every nurse could experience it. The YOU Matter program gave out warm lemongrass towels during various events like "Lemonade with Lee Ann." The aromatic towels were both relaxing and refreshing. Taking part in small gestures like these contribute to self-care.

Another form of self-care is having fun. Brutus Buckeye, Blue Jacket's Stinger and the mascots Krash and LouSeal from the Clippers were here for mascot photo fun. Nurses came from all over campus to have pictures with the mascots. Families and patients jumped in whenever the mascot was walking the halls.

Speaking of fun, our nurses had a great time during Spirit Week. Whether it was team jersey, matching Monday, silly socks/crazy hair, superhero, throwback, character or school colors day, we saw nurses dressing up for the fun of it.

PROFESSIONAL DEVELOPMENT

Brandon Kozar, PsyD, gave nurses much to reflect about along with some takeaway actions in his presentation entitled “Nursing Professional: Can you really balance it all?” He assured us that no one gets it right every time - we can’t. Build your resilience through moving from coping responses to adapting behaviors to acceptance where you can choose the way to respond in the situation. We all need to have more grace for ourselves as well as give grace to those around us when interacting. We need to seek the balance between caring for others and caring for ourselves.

There was a Special Nursing Grand Rounds, Legacies of Nursing: A Celebration, on May 23 with close to 100 attendees. Karen Clark, Julie Harrell, Paula Sanborn, Melissa Slavin and Cathleen Opperman were the panel of long-time Nationwide Children’s nurses telling their stories of nursing then and now. Laughter was heard from the panelists and audience as memories were described. The long-time nurses enjoyed the memories, and the newer nurses were inspired by the commitment and the apparent joy each panelist shared regarding their work. Comments after the program while examining the archives included “We should do this every year” and “These archives are great; I’d like to see more.”

When we think about professional development, we do not want to miss the generous gift of the Edward and Sally Kosnik Scholarship for Advanced Practice Nurses. This Scholarship supports graduate studies of nurses furthering their education through the pursuit of an advanced practice degree. To get the word out that this scholarship is available, they provided ice cream novelties for nurses throughout the month of celebration.



COMMUNITY SERVICE

The fourth theme recommended by the ANA is for nurses to participate in a community service. For the second year we organized a Diaper Drive to contribute to the Bottoms Up diaper bank. This group provides diapers to food banks and women’s shelters in multiple counties. Everyone was asked to either bring in packages of diapers or contribute by QR code to the Bottoms Up website. Open packages collected on units were also gathered to be donated. This year we collected the equivalent of 8,333 diapers to service 335 families. This was an incredible effort to honor the work of nurses at Nationwide Children’s.

Nursing is a challenging, rewarding, exhausting and exciting profession. Celebrating our nurses throughout the month with the four recommended ANA themes proved to be a wonderful way to capture the breadth of appreciation for their work. Let us build habits of appreciating each member of our teams on a regular basis.



Disability Etiquette

Caitlin Pagnotta, CCLS, Certified Child Life Specialist, Family and Volunteer Services Department
Melinda Richard, RN, BSN; RN Clinical Leader –Physical Medicine Clinic, Physical Medicine and Rehabilitation Department

At Nationwide Children’s Hospital, we serve patients and families with many different types of disabilities. When we think about persons with disabilities, it is important we reflect on legislation, history and advancements. This history has brought us forward to today’s appropriate etiquette in interacting with persons with a disability.

Although the Americans with Disabilities Act (ADA) has been in effect since July 26, 1990, history shows the movement to advocate for better opportunities for persons with disabilities started years before. Thousands of people worked on the disability rights movement. There were volunteers working to distribute information, politicians lobbying for rights and parents of children with disabilities speaking to community groups. These people wanted to show the American public that disabled Americans were being discriminated against and they deserved to have a more fulfilled life.

A historic push for the disability public policy occurred in 1973, when the passage of Section 504 of the 1973 Rehabilitation Act was passed. Section 504 aligned the discrimination of people with disabilities to those discriminated against for race, ethnic origin and sexual orientation. The section 504 recognized all the many disabilities that people faced and how these disabilities affected their employment, their education and simply access to society. At one point Section 504 was nearly deregulated, but this resulted in a huge uproar among groups with disabilities and was eventually kept.

BASICS OF DISABILITY ETIQUETTE

The goal of sharing and becoming more aware of the proper etiquette when interacting with someone with a disability increases the comfort and effectiveness for everyone. Those with disabilities are individuals, complete with emotional, physical and psychologic needs like any other individual. There are general guidelines that may help to make any communication more effective.

- **Put the person first.** A disability does not define a person, although it may be a significant part of their life. It is important to address the person first. In most cases you should say “a person with a disability” rather than “a disabled person.” It is OK to ask an individual, including children, their preference about how they would like to be addressed.
- **Ask before helping.** Children and people who have disabilities are often independent. It is important to always ask permission before helping. Don’t make assumptions about what a person may or may not be able to do.
- **Think before you speak.** Be considerate of asking a person or child too many questions about their disability. As health care providers it is important to know this information and many people are open to sharing, but the focus should be them as a person first and foremost. Talk to a person with a disability just as you would talk to anyone else. Talk directly to the person and not just to their caregiver or support person.
- **Respond graciously to requests.** Be open to accommodations or specific requests from a child, person or family of a child with a disability. Our goal is to create an environment where their specific needs are addressed regardless of the disability they have.

HIDDEN DISABILITIES

There are also patients, families and/or colleagues we may encounter that have a disability that we cannot see or obviously identify. Some of these hidden disabilities may include persons who are blind or have low vision, deaf/hearing loss, speech disabilities, epilepsy or seizure disorders, autism spectrum disorder, developmental disabilities, psychiatric disabilities, mental illness, learning disabilities, intellectual disabilities or traumatic brain injuries.

It is helpful to keep in mind this etiquette when interacting or communicating with colleagues, patients and families with a hidden or not easily identifiable disability.

- Treat each person as an individual.
- Give your full attention, actively listen and don’t interrupt. It is OK to ask clarifying questions or an individual to repeat information if you do not understand.
- Don’t make assumptions.
- Ask what needs or preferences each person has and what would make them feel most comfortable whether you are aware if they have a disability or not. Respect these needs or requests.
- Be open to different accommodations such as providing information written or using pictures or adapting the environment to be less over stimulating or loud.

The opportunity to care for persons with a disability is unique. Knowing the proper way to communicate is the key to building strong relationships and trust. This knowledge encourages best practice for our patients, families and staff.

PHYSICAL DISABILITIES

Working at Nationwide Children’s we may encounter children, families and/or colleagues that have a variety of physical disabilities. These disabilities are often identified by using an assistive device such as wheelchairs, walkers, crutches, canes and service animals.

- Physical disabilities are typically easier to identify. When interacting with a person with a physical disability there is general etiquette to follow.
- Always talk directly to the person, with good eye contact.
 - Do not touch their equipment without asking.
 - When at all possible, put yourself at their eye level.
 - It is important to respect one’s personal space, and their wheelchair or assistive device should be seen as a part of their personal space.
 - Be sensitive about physical contact both to the person and to their assistive device. Be aware that physical contact could cause balance issues or even pain.
 - Service dogs are working and should not be touched or talked to without permission.

Technology Creates Better Paths for Best Outcomes in Communication

Lindsey Pauline, MA, CCC-SLP, FACHE, Director Clinical Therapies/Speech Pathology/Behavioral Health



During the pandemic, the rates of communication disorder diagnoses in children ages 0-12 more than doubled, putting pediatric communication professionals in the spotlight as they support the growing needs of our community. We often think of these professionals - speech-language pathologists and audiologists - as social and behavioral clinicians that use their diagnostic and therapeutic skills to support families as they improve hearing and communication. But, did you know, our speech-language pathologists and audiologists at Nationwide Children’s Hospital are also scientists using cutting-edge technologies to diagnose, intervene and facilitate new abilities in each child? If you stop in the offices, you are likely to find an audiologist programming a cochlear implant or a speech-language pathologist adjusting the computer-based language platform for their patient.

Starting at diagnosis, audiologists utilize computer-based technologies to measure the hearing sensitivity, otoacoustic emissions and auditory brainstem responses to help determine if a child is able to perceive sounds in a typical manner. If typical hearing is not detected, the audiologist may work with the child, family and otolaryngologist to provide alternative technologies such as a hearing aid or cochlear implant to supplement or enhance the child’s current abilities. The use of this aided technology provides for improved language learning options for many children, as well as improved functional long-term communication

for many families. Children with hearing aids or cochlear implants will form a lifelong bond with their audiologist as they grow into adults, as they will depend on their audiologist to program and support the technologies they use to enhance their hearing abilities.

The speech-language pathologist is also highly engaged in using technologies to enhance the communication abilities of children in their care. The Speech Pathology Department at Nationwide Children’s has more than 70 speech-language pathologists dedicated to serving children who need to use alternative or augmentative communication (AAC) to best communicate with their family and community. Children who use AAC technologies use different abilities other than speech to communicate permanently or temporarily. This could include using motor memory and hand movements to create sentences generated by a speaking device. It could include using complex switch activated devices or the use of very simple devices that allow a child to successfully make the choice between two options for the first time! Our speech-language pathologists have access to more than 50 applications that use technology to enhance and build on the current communication abilities of each child.

Some children who use AAC devices to communicate also develop the need to use additional assistive technologies (AT) to use their AAC devices or to navigate their daily environments. Eye gaze used with a device equipped with eye tracking is an example of an assistive technology that is utilized by children for communication and other needs. If eye movements are the most reliable source of movement for a child, as could be the case for a child with Rett’s syndrome, a speech-language pathologist or an occupational therapist can support a child and family in using their eyes to identify the words they want to communicate or the function on a device that they want to activate. With this programming a child can utilize their AAC device, maneuver their wheelchair, manipulate the controls to a television or adjust environmental controls to turn lights on/off through the use of simple eye movements.

Together with these cutting-edge technologies, our speech-language pathologists and audiologists are helping each child enhance their own abilities to become more effective communicators with the people that matter most to them.

*Patient Kaylee Hall
and her mother at a
CP Family Fun Day.*



The Comprehensive Cerebral Palsy Program: Assistive Devices to Promote the “F-Words”

Andrea Todd, PT, DPT, Board Certified Clinical Specialist in Pediatric Physical Therapy, Clinical Leader, Outpatient Physical Therapy
Lamara Love, BSN, RN, CPN, HNB-BC, Comprehensive CP Program Coordinator, CP CMH Service Coordination, Program Coordinator

Cerebral palsy (CP) is the most common motor disability in childhood, affecting approximately one in 345 children in the United States. CP is an injury or abnormality of the developing brain that affects movement. The injury to the brain will not get worse over time, however a child’s ability to function may change. The Comprehensive Cerebral Palsy Program at Nationwide Children’s Hospital provides holistic, lifelong care to these patients and families.

Provider collaboration is an essential component when caring for patients with complex needs.

The team members in the Comprehensive CP Program include Complex Care Pediatrics, Physical Medicine and Rehabilitation, Neurology, Orthopedics, Nursing, Physical Therapy, Occupational Therapy, Speech Therapy, Clinical Social Work, PFK Care Coordination and Clinical Nutrition. Provider collaboration is an essential component when caring for patients with complex needs. CP is a chronic health condition and research has shown that early identification and care coordination improves outcomes.

The CP Program uses the International Classification of Functioning, Health & Disability (ICF) framework along with the F-words of Childhood Development: function, family, fitness, fun, friends and future to develop goals in a functional and family centered manner. The F-words were introduced as a paradigm shift in thinking about chronic childhood conditions. When thinking about childhood disability the health care providers, patients and families are encouraged to shift away from the mindset of “fixing” and focus on these F-words. Assistive devices can play an important role by improving independence with mobility, activities of daily living and communication, and can significantly impact the F-words.

One of the most frequently asked questions from parents is “Will my child be able to walk?” This question cannot always be clearly answered, but clinicians can be guided in their response by using the Gross Motor Function Classification System (GMFCS). The GMFCS categorizes gross motor skills of children with CP into five different levels. It looks at a child’s ability to self-initiate movements and their need for assistive devices. This tool can help both families and clinicians have a clear description of a child’s current motor function as well as an idea of what assistive devices a child may need in the future. For example, a child with a GMFCS level I is typically independent with their mobility without an assistive device, whereas a child classified as GMFCS level V may be dependent for their mobility using a wheelchair with a caregiver pushing.

There is a wide range of assistive devices that an individual with CP can use to achieve a greater level of independence with mobility. Equipment such as forearm crutches, reverse walkers and gait trainers can help support a child with their walking. Other children will use medical strollers, manual wheelchairs, or power wheelchairs to assist with mobility.

Assistive devices also exist to improve independence with activities of daily living such as bath chairs and adaptive toilet seats that provide additional support. Button hooks, zipper pulls, reachers and shoehorns can all assist with dressing. Adaptive feeding supplies such as built-up handle utensils, curved utensils, high sided bowls and dishes and weighted utensils can all allow a child with CP to have greater success with self-feeding.

CP can also affect a child’s ability to verbally communicate. Augmentative and Alternative Communication (AAC) can play a significant role in developing effective communication, academic and literacy skills. AAC includes no or low-tech switches, picture communication boards or books and high-tech Speech Generating Devices (SGD). Many SGDs offer alternative access methods such as eye gaze or switch scanning to help the child independently communicate when they are unable to directly access the device with their hands. AAC can start and be successful from a very young age.

With the use of assistive devices children with CP can increase their independence, participate in fitness related activities, play with friends, be included in family events and have fun. An event that encourages this activity is the CP Program sponsored annual Family Fun Day at Recreation Unlimited. By incorporating the F-words, ICF framework and GMFCS levels in developing a plan to improve function and to assess the need for assistive devices, the CP Team facilitates improved quality of care and outcomes that are meaningful to the family and patient, which is the ultimate goal!



Recent Project SEARCH participants meet to discuss roles and responsibilities during their program.

Promoting Inclusion at Nationwide Children's Hospital: Project **SEARCH**

Cara Inglis, PsyD, BCBA – Psychology Supervisor

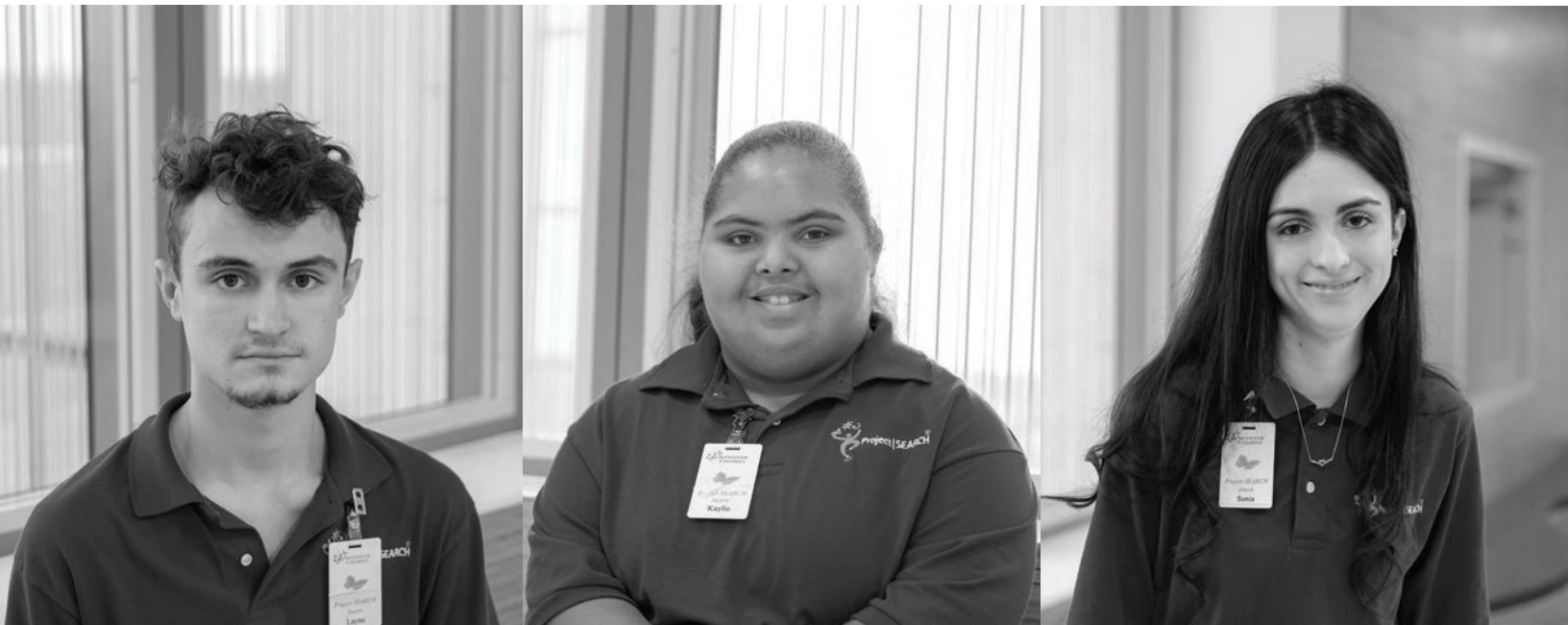
Nichele Mather, LISW-S – Transition Specialist, Center for Autism Spectrum Disorders, Adolescent Transition Program,
Nationwide Children's Project SEARCH

Over the past several years, Nationwide Children's Hospital has created dedicated efforts to have a diverse and inclusive culture where Everyone Matters. Our Inclusion and Culture programs have expanded, Employee Resource Groups (ERGs) have received greater support, and we have begun programs to help serve and support a more diverse range of individuals – including our employees. At Nationwide Children's, we recognize that representation matters to our patients. They are thrilled to see someone like them working at our hospital, and this is especially true for our disabled population. As a hospital, we are beginning to recognize that individuals with disabilities represent an amazing group of untapped talent when it comes to having committed, capable employees. Nationwide Children's is committed to diversifying our workforce.

One example of this commitment is the Project SEARCH program. Project SEARCH was started at Cincinnati Children's Hospital in 1996 and there are currently more than 600 programs in the U.S. and internationally. It is a transition-to-work program for individuals with developmental disabilities, with an end goal of competitive employment. Project SEARCH is specifically targeted toward high school students who are on an Individual Education Program (IEP) and in their last year of high school eligibility. Project SEARCH student interns participate in daily group instruction and gain hands-on work experiences by rotating among three 10-week unpaid internships at Nationwide Children's throughout the school year. Department managers at each internship site work together with the Project SEARCH instructor and skills trainers to support each student intern.

Project SEARCH was approved to begin at Nationwide Children's in August 2020, and was housed off-site during the 2020-2021 academic year. The program officially launched at Nationwide Children's in the fall of 2021 and moved to a space on the eighth floor of the Big Lots Behavioral Health Pavilion. During the 2021-2022 academic year the program had five interns, and Nationwide Children's has successfully hired four of them. Interns have been employed in departments such as Clinical Research, Nutrition Services, Laboratory Services and Central Distribution. Other past interns have successfully found employment outside of our hospital. The Nationwide Children's Project SEARCH program continues to expand, and there are six student interns starting in August 2023 with hopes to recruit new departments to be a part of the program.

The goal of a Project SEARCH internship is not to take away from existing positions. Instead, interns can help with tasks staff might be too busy to complete, or that would allow staff to focus more on their clinical responsibilities



The Project SEARCH program at Nationwide Children’s is unique in that we can provide an additional layer of Behavioral Health services not typically found in traditional models. In our program, all student interns, skills trainers and departments have access to additional support through Nationwide Children’s Center for Autism Spectrum Disorders (CASD). CASD clinicians provide mental health support, behavioral consultation to support the development of job skills, as well as services outside of the Project SEARCH program to help our interns gain independence as they transition to adulthood. We also team with department staff to develop strategies to best support our interns in learning skills, and, in partnership with our disability ERG, CapABLE, we offer departmental trainings on inclusive employment.

The goal of a Project SEARCH internship is not to take away from existing positions. Instead, interns can help with tasks staff might be too busy to complete, or that would allow staff to focus more on their clinical responsibilities. Many departments are currently understaffed, and this is a great way for our interns to gain experience while supporting a department. These are not the only benefits. Student interns are prepared for employment in a supportive environment, and they gain increased self-awareness, confidence and independence. At the same time, Nationwide Children’s receives access to a new, diverse talent stream that also serve as role models for our patients, and benefits from increased performance and retention in high turn-over positions. As the Project SEARCH National team indicates, “...the presence of a Project SEARCH program can bring about long-term changes in the business culture that have far reaching positive effects on attitudes about hiring people with disabilities and the range of jobs in which they can be successful.” Our interns can be found working across various hospital departments on main campus, so if you see a student wearing a maroon polo that says Project SEARCH, be sure to say hello!

To learn more about Nationwide Children's Project SEARCH, visit NationwideChildrens.org/Project-SEARCH.

In Recognition

In Recognition, a twice yearly feature in In Patient Care, recognizes clinical operations staff in their pursuit of education advancement and knowledge sharing.

PUBLICATIONS

Curtiss J., Miller A.: “A Review and Guide to Nutritional Care of the Infant with Established Bronchopulmonary Dysplasia,” *Journal of Perinatology*, December 2022

Feldbush M.: “The Improvising Chaplain,” *Love Does Not Control: Therapists, Psychologists, and Counselors Explore Uncontrolling Love*, March 2023

Gold E. “Nutrition & Neuromuscular Disease,” *Quest Magazine*, February 2023

Opperman C.: “Measuring ROI for Professional Development Activities: Pandemic Impacts and Revised Known Costs of Outcomes,” *Journal for Nurses in Professional Development*, December 2022

Opperman C.: “Measuring Return on Investment for Professional Development Activities: Literature Update and the Ongoing Challenge,” *Journal for Nurses in Professional Development*, December 2022

Regis K., Phan Q., Cadoret A., Weave Parker N., Swan B.: “*Gaining Insight into Member Demographics and Perceptions of Diversity, Equity, and Inclusion Initiatives in a Professional Organization (AAACN)*,” Nursing Economic\$, March 2023

Shonk A.: “Use of Lung Sonography in the Assessment and Confirmation of Pulmonary Complications in the Pediatric Patient,” *Sage Journals - Journal of Diagnostic Medical Sonography*, December 2022

Smith J., Jacobson-Kelly A., Donegan A., Boyle B., Maltz R., Michel H., Dotson J.: “Diagnosis and Treatment of Iron Deficiency and Anemia in Youth with Inflammatory Bowel Disease,” *Journal of Pediatric Gastroenterology and Nutrition*, March 2023

Svetanoff W., Diefenbach K., Hall B., Craver A., Rutledge S., McManaway C., Eneli I., Tobias J., Michalsky M.: “Utilization of an Enhanced Recovery After Surgery (ERAS) Protocol for Pediatric Metabolic and Bariatric Surgery,” *Journal of Pediatric Surgery*, April 2023

PRESENTATIONS

Ahmad H., Smith C., Witte A., Lewis K., Reeder R., Garza J., Hoff K., Durham M., Calkins C., Rentea R., Rolins M., Zobell S., Avansino J., Levitt M., Wood R.: “Antegrade Continence Enema Alone for the Management of Functional Constipation Due to Segmental Dysmotility: A Pediatric Colorectal and Pelvic Learning Consortium Study,” American Pediatric Surgical Association (APSA) Annual Meeting; May 2022

Bass A., Thomas K., Williams C.: “An Epic Step Forward: A Universal Pediatric Palliative Care Navigator Within an EHR to Improve our Understanding of the Patient Narrative,” 2023 Annual Assembly of Hospice & Palliative Care, March 2023

Bibart M.: “Are you Thinking of Submitting an Abstract for a Poster Presentation?” Central Ohio Association for Pediatric Hematology Oncology Nurses, February 2023

Camacho C., Chanault M.: “Debriefing Strategies, Utilizing Rapid Cycle Debriefing,” International Meeting for Simulation in Healthcare, January 2023

Camacho C., Charnetski M., Horsey E.: “Workshop on Debriefing Practices,” International Meeting on Simulation in Healthcare, January 2023

Camacho C., Heater T., Vohsing L., Coles M., Rey E.: “Maternal Fetal Medicine Simulation Program,” International Meeting on Simulation in Healthcare, January 2023

Camacho C., Lauck T., Patterson K.: “May We Direct Your Attention: Resources and Advice for Simulation Directors,” International Meeting on Simulation in Healthcare,” January 2023

Chesser A.: “Pediatric Pharmacy Refresher for the Inpatient Pharmacist,” OSHP Annual Meeting, November 2022

Cole D.: “Overcoming the ASWB EXAM as a Black Social Worker,” 2023 National Association of Black Social Workers Conference, April 2023

Coleman Casto S.: “Advocating for our Distinct Value Through the Use of the American Occupational Therapy Association Official Documents,” AOTA Inspire 2023, April 2023

Coleman Casto S., Justice L.: “We Win When WeeMove: What We Have Learned After 5 Years of a Pediatric Early Mobility & Engagement Initiative,” AOTA Inspire 2023, April 2023

Curtiss J.: “Optimal State for Severe BPD,” 10th Annual BPD Collaborative Symposium, March 2023

Curtiss J., Miller A.: “Nutrition for the Practicing Pediatric Clinician: Nutrition Support of the At-risk Pediatric Patient and Other Nutrition Challenges,” American Society for Parenteral and Enteral Nutrition, April 2023

Duty A.: ‘What is Professional Engagement,’ OSHP Annual Meeting, November 2022

Eilerman S., Justice L.: “Considerations for Early Mobilization of Pediatric Patients with Burn Injury,” North American Burn Society, March 2023

Huffman J.: “Pediatric Trauma Resuscitation: ‘Kids Aren’t Just Small Adults!’” Spring Trauma Symposium, April 2023

Jones K.: “Low FODMAP Diet: Ensuring Patient Success,” NASPGHAN Nutrition University, April 2023

Justice L., Boop C.: “Creating a Unified Feeding Assessment for Nationwide Children’s Hospital: What to Do When the Ideal Feeding Assessment Doesn’t Exist,” AOTA Inspire 2023, April 2023

Justice L., Eilerman S.: “Peripheral Neuropathies in Pediatric Burn Survivors an Unnerving Problem,” North American Burn Society, March 2023

Meinert, E.: “Protein Calorie Malnutrition: Occupational Therapy’s Role in Acute Care,” AOTA Pediatric Hospital Based Community of Practice, March 2023

Opperman C.: “Business Acumen: Demonstrating the Value of the NPD Specialty,” National Association of Nursing Professional Development, March 2023

Prusakov P.: “NICU Stewardship in LMICs,” November 2022

Steinbrenner J., Sapko M.: “How Sweet It Is: Privileging Pharmacists to Manage Pediatric Insulin,” OSHP Annual Meeting, November 2022

Storey M., Rush C.: “Stopping the Bleed: Novel Therapies in Hemophilia and Their Impacts on Cost and Patient Outcomes,” OSHP Annual Meeting, November 2022.

Wernick H., Brown M., Glodowski J.: “Elephants, Zebras, and Bears, Oh My! The Menagerie of Amenorrhea and Energy Imbalance in Adolescents,” North American Society for Pediatric and Adolescent Gynecology, March 2023

Wurster L.: “Leveraging Your Trauma Registry for Paperless Performance Improvement,” ESO Wave Conference, April 2023

Wu Y., Hilmas E., Fralick A.: “Almost Three Years Later: Pharmacist Discharge Counseling Sustainability,” OSHP Annual Meeting, November 2022

Daisy Award

Taylor Ormond, RN

The quarterly Nationwide Children's Hospital Daisy Award was presented to Taylor Ormond, RN, of H09A. The Daisy Award is given in appreciation of the important difference our nurses make in the lives of our patients and families at Nationwide Children's.

Taylor provided extraordinary care to a mother of a patient who needed additional education for how to use her child's nasogastric (NG) tube and feeding pump.

Says Taylor's nominator: "Taylor was patient and found creative ways to educate a parent who was overwhelmed and wanting to do the best thing for their child. Her dedication to collaborating with and educating this mother helped ensure the patient received her necessary feeds and care. Taylor went above and beyond in her role as a compassionate, patient and understanding nurse, and she made a significant difference in the care of this patient by providing extraordinary family-centered care."

To learn more about our Daisy winners, and read their full nomination, visit NationwideChildrens.org/Daisy-Award

